

PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL

Service Definition:

Professional Medication Monitoring by a Licensed Practical Nurse (PM1) includes hourly one-on-one medication monitoring, testing and nurse services necessary to provide medication management to assure the health and welfare of the person. This service includes regularly scheduled, periodic visits by a nurse in order to conduct an assessment of the person with regard to their health and safety particularly as it is affected by the maintenance medication regimen that has been prescribed by their physician, to review and monitor for the presence and timely completion of necessary laboratory testing related to the medication regimen, and to offer patient instruction and education regarding this medication regimen. Nurses shall also provide assistance to the person by ensuring that all pill-dispensing aids are suitably stocked and refilled, and may provide incidental training to staff on topical matters surrounding general patient care.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC) as defined in Utah Administrative Code R539-1.

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501 to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. A non-licensed Contractor shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor, in addition all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

The Contractor shall ensure that professional medication monitoring staff are trained in the Staff Training Requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and contract.

Professional staff must be licensed as applicable according to the Division of Occupational Professional Licensing (DOPL). Specifically, staff providing services under this code must be licensed by DOPL pursuant to Utah Administrative Code R156 and Utah Code Annotated § 58. Licensed Practical Nurses may provide the services described under this code only upon the delegation of and under the supervision of a Registered Nurse, pursuant to Utah Administrative Code R156-31b-703.

Direct Service Requirements:

A. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor shall review a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date on which the medication was commenced or is to be commenced; and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).

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- d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

B. Non-psychotropic Medications

1. Non-psychotropic medications are those prescribed or dispensed for reasons other than to affect the way the person thinks, feels or behaves.
2. For persons on non-psychotropic medications, the Contractor shall review physician's orders and medical data sheets maintained as part of each person's personal record that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date on which the medication was commenced or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor.
 - c. A statement of specific symptoms targeted to assess advantages and disadvantages of the prescribed medications.
 - d. Identification of other supports and services that are available and would be useful in the treatment of the targeted symptom and/or any related illness or condition of the person. Such supports or services may include laboratory studies (for example, blood work to check CBC, liver function).

C. General Service Requirements

1. Contractor shall establish a schedule of visitation with the person after consultation with the person's physician as well as the staff and supports the person has available, and the person's family/representative.
2. Services provided under this code shall always include a face-to-face assessment of the person, and particularly, the person's health and welfare status. Assessments shall also focus on the safety and efficacy of any medication the person is prescribed by their physician. An assessment shall be conducted of any benefits that the person is demonstrating as a result of their medication regimen, or the lack thereof, as well as an assessment of any adversities or side-effects that the person is experiencing. Similarly, an assessment shall be conducted of the person's compliance with his/her physician's orders, or lack thereof, as well as any barriers that the nurse identifies for compliance. Such assessments shall occur as a result of observation, discussion and review of records with the staff, and direct examination of the person.
3. The results of this assessment shall be recorded in a note by the nurse which contains: 1) a description of the person's subjective presentation; 2) a description of the objective observations the nurse has made after the examination, review of records and consultation with the staff, supports and the person's family/representative; 3) a description of the assessment made by the nurse of the person's status; and, 4) a plan for the continuing care of the person surrounding his or her health status and medication regimen. A copy of this note shall be maintained by the Contractor and copies shall be furnished to the staff/supports of the setting where the person is receiving services as well as to the person's physician.
4. The contractor shall ensure that all laboratory surveillance ordered by the person's physician is performed as ordered, and shall either collect appropriate samples to complete such surveillance and convey them to the specified laboratory as ordered by the person's physician, or else, the Contractor shall educate the staff/supports of the setting where the person is receiving services of the need for the laboratory surveillance and offer instructions regarding its completion. The contractor shall review the results of previously collected laboratory surveillance studies, and shall similarly ensure that the results of studies collected during a current assessment are distributed to the person's physician and maintained in the record of the setting where the person is receiving services.

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- personal medical response devices, the person is provided with are functioning properly and shall arrange for maintenance and repairs as needed. The Contractor shall also ensure that medication dispensing devices and aides are functioning properly and are filled, and shall educate staff/supports of the setting where the person is receiving services of the status, operation and necessary maintenance of any such devices.
6. The Contractor shall educate staff/supports regarding the findings of the assessment, the person's overall health status, as well as the plans for the person's continued health care.
- D. Contractor staff shall review medication errors and determine in consultation with the RN if additional medical professionals should be contacted to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
- a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
- E. Contractor shall notify the guardian within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
- F. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.

Staff Support:

Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's Individual Support Plan's Action Plan (ISP/AP) based on the person's selected housing arrangement and assessed needs.

Rate:

Payments for professional medication monitoring are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Payments are also not made for transportation of the person to a medical appointment or facility.